

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024198
State No.

FILED JUL 11 1958

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1736

1. PLACE OF DEATH a. COUNTY <u>ST. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MANCHESTER MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vineta Park 4270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PINE CREST NURSING HOME</u>		d. STREET ADDRESS (If rural, give location) <u>8235 Albin Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERINE</u> b. (Middle) <u>Schmitz</u> c. (Last) <u>Schmitz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 27 1958</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>JAN. 3 1887</u>
9. AGE (In years last birthday) <u>71</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. Louis MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>MOUSA</u>
13a. FATHER'S NAME <u>Ernest Browne</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Clark</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles Schmitz Dec.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Hall</u> ADDRESS <u>8235 Albin Ave.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac dilatation 334X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>May 2, 1958</u> , to <u>June 26, 1958</u> , that I last saw the deceased alive on <u>June 26, 1958</u> , and that death occurred at <u>6:42 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Ralph W. Laffey, M.D.</u> (Degree or title)		23b. ADDRESS <u>Box 122, Manchester, Mo.</u>	
23c. DATE SIGNED <u>6-27-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>7-1-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Clark F.H. 1125</u> ADDRESS <u>Hodiamont Ave.</u>	
DATE REC'D BY LOCAL REG. <u>6-30-58</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombrowski</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Stanley H. Dixon

Licensed Embalmer No. *4193*

P. O. Address *H. L.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.